

IN THE SPECIFICATION:

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The cannula 2 may be attached and enter through an opening at the concentric center of the handle 3 as shown in FIG. 1. The hollow cannula 2 is received within a bore 8 formed in the handle 3, with the bore 8 terminating at the opening 4 in an upper surface of the handle 3 intermediate the first and second guide means. In an alternative embodiment, the cannula may be connected to the upper surface of the handle 3, as shown in FIG.

3. In this embodiment of the invention, there is no opening into or through the handle 3. Instead, the hollow cannula 2 terminates at a the rearward opening 10 4 between the first and second guide means directly on top of the handle 3.

Additionally, in the embodiment of FIG. 1, the handle of the suture passer is rounded, whereas in the embodiment of FIGS. 3 and 4, the suture passer handle 3 is flattened on the side upon which the a proximal end 10 of the cannula 2 resides.

Additionally, in the embodiment of FIG. 3, the distal loop 5 resides on the cannula 2 just prior to the proximal opening 4 of the cannula 2.

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In the embodiment of the invention illustrated in FIG. 6, the suture passer 1 is similar to the invention illustrated in FIG. 3; however, the cannula 2 is flush with the flattened surface of the handle 1 bearing the wire loops 5 and 6. A segmented piece 13, upon which the distal loop 5 resides, attaches the cannula 2 to the handle 3. The proximal opening 4 of the cannula opens near the proximal side of the segmented piece 13.

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While grabbing both ends of the suture, the suture is pulled through the cannula into the joint 45 (FIG. 23). With the second needle still in place, a stab incision 46 is made along the shaft of the second needle down to the level of a joint capsule 47 but not beyond (FIG. 24). The second needle is removed and the soft tissue is dissected all the way down to the joint capsule by spreading the soft tissue with a pair of small forceps 48 (FIG. 25). The other limb of the suture is then retrieved through this "stab incision" with a meniscal probe 49 (FIG. 26), and the sutures are tied after all of the sutures have been put into place.

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Upper and lower sidewall projections 338 and 340 are located such that as the tab portion 210 of a given cannula 200 enters the handle's cavity 333, the cannula's upper and lower tab projections 218 and 222 will snap over and lockingly engage the handle's upper and lower sidewall projections 338 and 340 when the cannula is fully inserted into the handle's first bore 328 326. In particular, when the assembly is in this locked condition, the cannula's distally-facing upper tab shoulder 226 will engage the handle's proximally-facing upper sidewall shoulder 342, and the cannula's distally-facing lower tab shoulder 230 will engage the handle's proximally-facing lower sidewall shoulder 344 (see FIG. 36).